

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/541796
FILING DATE

CLAIMS							
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/		/				
2		/	/				
3	2		/				
4	0		/				
5	0		/				
6	0		/				
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50							
TOTAL IND.	/	↓	/	↓		↓	
TOTAL DEP.	8	↔	7	↔		↔	
TOTAL CLAIMS	9-	[REDACTED]	8	[REDACTED]		[REDACTED]	